

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044925

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11729

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED DEC 14 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Saint Louis (18)

Length of stay in lb

6 Weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Anthony Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY

OR TOWN Saint Louis (11)

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

218 Loughborough Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

KATHERINE

STIAK

## 4. DATE OF DEATH

Month

Day

Year

Dec. 7, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/25/92

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

## 11. BIRTHPLACE (City and state or country)

Czechoslovakia

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown Fick

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

John Stiak

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

John Stiak 218 Loughborough Ave. (11)

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Failure

## DUE TO (b)

Coronary Artery Disease

## DUE TO (c)

Arterio Sclerotic C.V.R. Disease 15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
Disease condition given in PART I (a)

Diabetes Mellitus

4201

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1-1-62 to 12-7-62 and last saw her alive on 12-6-62  
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Charles A. Nestor M.D.

(Degree or title)

## 22b. ADDRESS

3654 S Grand

## 22c. DATE SIGNED

12-7-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Dec. 10, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

## 23d. LOCATION (City, town, or county)

Lamay (25)

## (State)

Mo.

## 24. FUNERAL DIRECTOR

FendlerUnd. Co. 7420 Michigan Ave.

## (11)

## 25. DATE RECD. BY LOCAL REG.

DEC 7- 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

Dr Chas. A. Hester  
Mr. Edgar H. Henthorn  
3654 So. Grand  
M.D. #. 5567  
1 to 4 C.D.

931 1 14 03 J 17

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3967

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.